

POSITION	INITIALS	IC NO.	DATE
FEE DETERMINATION	<i>if</i>		<i>10-5-01</i>
O.I.P.E. CLASSIFIER		<i>15</i>	<i>4-5-01</i>
FORMALITY REVIEW	<i>-10</i>	<i>932</i>	<i>04-27-01</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
 staple additional sheet here

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*10/2/01*